## **Washington Metropolitan Area Transit Commission**

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



## 1. CARRIER INFORMATION:

136	Virginia Coach Company		• /		
*WMATC No.	*Name of Carrier (as shown on certificate o	f authority)			
14570 Pur	cellville Road	Pı	urcellville	VA	20132-3602
*Street Addre	ss of Principal Place of Business	Apt./Suite City	1	State	Zip
P.O. Box 8	83	Pı	urcellville	VA	20134-0883
Mailing Address (if different from street address)		Apt./Sulte City	1	State	Zip
(703) 471-	6422	(540) 668-90	006 debbie@virginiaco	ach.com	
*Telephone	Other Telephone	Fax	E-mail		

2.	OTHER PASSENGER CARRIER AUTHORITY (	if applicable.	list carrier/	permit number	<b>)</b> :

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Debra K. Owings		Corp Secretary			
*Name		*Title			
(540) 668-6233		(540) 668-9006	debbie@virginiacoach.com		
*Teiephone	Other Telephone	Fax	E-mail		

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS \*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see <a href="https://www.wmatc.gov">www.wmatc.gov</a>.

Danielle Staundt	(703) 838-2929		
Name of Registered Agent for Service of Process	Telephone E-m	ail	
113 S. West Street	Alexandri	a VA	22314-2824
Agent Address (must be inside Metropoiltan District)	Apt./Suite City	State	Zip

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forr the	n of organ carrier's c	ization that	any merger, consolidation or other ch occurred after the previous year's anr authority was issued. If no changes a rred	nual report was	filed, or if	not applic	able, after
	_	INE					Marriage .
							Market 1
atta	ach a com	plete vehicle	EHICLES USED IN WMATC OPER e list to both pages of this form. If you de all required information.				
Fleet No.	*Model Year	*Make	*Vehicle ViN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
			"See atlached"			• • • • • • • • • • • • • • • • • • • •	
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*Name (typ	pe or print)	7 1		gnature	- Cur	7)	
	0ep.	5000	inper	19/14			
Title (not i	required for s	ole proprietors	i)	te			

## VIRGINIA COACH CO. P.O. BOX 883 PURCELLVILLE, VA 20134

## INVENTORY LIST OF ALL EQUIPMENT OWNED AS OF JANUARY 1, 2014

Company <u>Vehicle No.</u>	Description	Serial Number	Year <u>Built</u>	Seating Capacity		License <u>Number</u>	State <u>Reg.</u>	lift <u>yes/no</u>
9815 <sup>J</sup>	Bus,MCI-102DL	1M8PDMTA8WP050130	1998	57	Owned	E35-509	VA	no
√2118	BUS,MCI DL3	1M8PDMPA41P053397	2001	55	OWNED	E35-541	VA	no
2119	BUS,MCI DL3	1M8PDMPA81P053399	2001	55	OWNED	E35-542	VA	no
2721	BUS,MCI J4500	2M93JMPA17W064207	2007	56	OWNED	E35-545	VA	no
2722	BUS,MCI J4500	2M93JMPA37W064208	2007	56	OWNED	E35-546	VA	yes
2923	BUS,GCA 3035RE	4UZACSDT99CAF9565	2009	39	OWNED	E36-807	VA	no
2924	BUS,GCA 3035RE	4UZACSDT38CAJ9758	2009	39	OWNED	E36-806	VA	yes

